

| POSITION | INITIALS | ID NO. | DATE |
|----------------------------|----------|--------|----------|
| BEST AVAILABLE COPY | | | |
| FEE DETERMINATION | | 09001 | 7/19/99 |
| O.I.P.E. CLASSIFIER | | 25 | 07-22-99 |
| FORMALITY REVIEW | | 1117 | 8-3-99 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1 | ✓ | | |
| 2 | ✓ | | |
| 3 | ✓ | | |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)